## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  County				TAL STATISTICS FE OF DEATH	2928		
Centy Registration District No. Pin No. District No. Dist	1	. PLACE OF DEATH		r	₹a)N		
City   Color of a bode   Color		County	`	,	***************************************		
2. FULL NAME  (a) Besidence No. 6 19	1 2			District No.		601	
(If nonresident give day or town and State)  Leagth of residence in city or town where death occurred  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED OR DIVORCED Growth the word)  10. MARRIED, WIDOWED OR DIVORCED  (OR WIFE OF  6. DATE OF BIRTH (MONTH, DAY AND YEAR)  6. DATE OF BIRTH (MONTH, DAY AND YEAR)  7. AGE  YEARS  MONTHS  DATS  11 LESS than 1  day, branch occurred, on the date stated shore, at. 19. 2.3  11. HER EBY CERTIFY, That I alsynded deceased from the occurred, on the date stated shore, at. 19. 2.3  12. That I last sow b. 5. alive on. 19. 2.3  13. SEX  6. OCCUPATION OF DECEASED  (a) Trade, profession, or particular stated of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  10. NAME OF FATHER  11. BIRTHPLACE (CITY ON TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY on TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY on TOWN)  (STATE OR COUNTRY)  14. MOGRAMAT  15. MARCHARM  16. DATE OF DEATH (MONTH, DAY AND YEAR)  16. DATE OF DEATH (MONTH, DAY AND YEAR)  17. AGE  YEARS  (Marsian)  7. AGE  YEARS  (Marsian)  7. AGE  (Marsian)  7. AGE  (Marsian)  7. AGE  YEARS  (Marsian)  16. DATE OF DEATH (MONTH, DAY AND YEAR)  (Marsian)  7. AGE  (Marsian)  7. AGE  (Marsian)  7. AGE  (Marsian)  7. AGE  YEARS  (Marsian)  18. WHERE MA ANTONOYIL, DAY AND YEAR (Address)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  19. PLACE OF BURIAL  19. DATE OF BURIAL  19. DAT		~ // <del>/</del> / · · · · · · · · · · · · · · · · · ·	6295	n Vande	si si		
(a) Residence No. No. 19 1	2. FULL NAME Grace Moser						
Clearly place of abode   PERSONAL AND STATISTICAL PARTICULARS	(a) British No. 629 = N. Assidiverity 4						
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (criz) the world)  5. If MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF  6. DATE OF BIRTH (MONTH, DAY AND YEAR)  7. AGE 7. A	(Usual place of abode) (If nonresident give city or town and State)						
Divorce (certic the world)  16. DATE OF DEATH (MONTH, DAY AND YEAR)  5. IF MARRIED, Widowed, OR DIVORCED (18) WIFE OF (18) WIFE OF (18) WIFE OF (19)	PERSONAL AND STATISTICAL PARTICULARS			/ MEDICAL CERTIFICATE OF DEATH			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSSRAND OF (OR) WIFE OF  6. DATE OF BIRTH (MONTH, DAY AND YEAR)  7. AGE YEARS MONTHS DATS II LESS than 1 day, birth day, birth DECAUSE OF DEATH* WAS AS FOLLOWS:  8. OCCUPATION OF DECEASED (a) Trade, profession, or particular failed overia (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  14. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  16. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  17. MARRIED Y CERT TIFY, That I altymded deceased from J.				16. DATE OF DEATH (HONTH DAY AND YEAR) J Gay 16 23			
SA. If Marrier Milowed, or Divorced Husband of Control	0	I and	(wraz the word)	<u> </u>			
HUSBAND OF  (OR) WIFE OR  (OR)  (OR) WIFE OR  (OR)  (OR) WIFE OR  (OR)  (OR)	HUSBAND of			HEREBY CERTIFY, Institute accessed from A			
5. DATE OF BIRTH (MONTH). DAY AND YEARS)  7. AGE YEARS MONTHS DAYS II LESS than 1 day, branch of months and the procession, or particular kind of work  8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employer (secondarr)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT Received DEATH, or in deaths from Violenty Causing state  (Mains and Natures of Industry, or in deaths from Violenty Causing state  (Mains and Natures of Industry, or in deaths from Violenty Causing state  (Mains and Natures of Industry, or in deaths from Violenty Causing state  (Mains and Natures of Industry, or in deaths from Violenty Causing state  (Mains and Natures of Industry, or in deaths from Violenty Causing state  (Mains and Natures of Industry, or in deaths from Violenty Causing state  (Mains and Natures of Industry, or in deaths from Violenty Causing state  (Mains and Natures of Industry, or in deaths from Violenty Causing state  (Mains and Natures of Industry, or in deaths from Violenty Causing state  (Mains and Natures of Industry, or in deaths from Violenty Causing state  (Mains and Natures of Industry, or in deaths from Violenty Causing state  (Mains and Natures of Industry, or in deaths from Violenty Causing state  (Mains and Natures of Industry, or in deaths from Violenty Causing state  (Mains and Natures of Industry, or in deaths from Violenty Causing state  (Mains and Natures of Industry, or in deaths from Violenty Causing state  (Mains and Natures of Industry, or in deaths from Violenty Causing state  (Mains and Natures)  20. UNDERTIAKEBY							
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8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  15. INFORMANT  16. WHERE WAS DISEASE CONTRACTED  17. INFORMANT  18. WHERE WAS DISEASE CONTRACTED  19. POT AT PLACE OF DEATH.  WHAT TEST CONFIGURATE DIAGNOSIST.  (Sidned)  10. NAME OF FATHER  (CITY OR TOWN)  (State OR COUNTRY)  4. State the Disease Caceino Death, or in deaths from Violenty Causing state (I) Means and Natures of Invitation and Invitation of Horizontal. (See reverse side for additional space.)  14. INFORMANT  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  (Address)  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  16. Universals  17. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  18. WHERE WAS DISEASE CONTRACTED  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  19. PLACE OF BU				THE CAUSE OF BEATH WAS AS POLLOWS:			
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10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. (State or country)  15. (State or country)  16. MAIDEN NAME OF MOTHER (CITY OR TOWN)  17. (Signed)  18. State the Disease Causing Death, or in deaths from Violent Causins state (1) Means and Nature of Injury, and (2) whether Accidental, or Hoxicidal. (See reverse side for additional space.)  16. (Address)  17. (Address)  18. (Address)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  19. PLACE OF BURIAL, CREMATION, OR							
11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (State or country)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (State or country)  (State or country)  *State the Dishard Causing Death, or in deaths from Violent Causin, state (1) Means and Nature of Injury, and (2) whether Accordance, Suicidal, or Homicidal, (See reverse side for additional space.)  14. Informant  (Address)  (Addr		10. NAME OF FATHER					
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13. BIRTHPLACE OF MOTHER (CITY ON TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (Address)	Ł			WHAT TEST CONFIBRED GLACHOSIST			
13. BIRTHPLACE OF MOTHER (CITY ON TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (Address)	HEN	(STATE OR COUNTRY)					
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14. HONICIDAL. (See reverse side for additional space.)  14. (Address) 629 7 Valleration (Address) 629 7 Vallerati		13. BIRTHPLACE OF MOTHER (CITY OF TOWN)					
INFORMANT 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 629 - 72 Vallaventa 19. PLACE OF BURIAL, CREMATION, OR REMOVAL 19. 19. 2.15. 19. 2.15. 20. UNDERTAKEB, ADDRESS		(STATE OR COUNTRY)			ACCIDENTAL, SUICIDAL, OF		
(Address) 629 = 71 Valleventer Cale any 1-18 192	14.	INCORMANT ROS Holling	in the	19. PLACE OF BURIAL	CREMATION, OR REMOVAL	DATE OF BURIAL	
15. ADDRESS ADDRESS					1		
	15.	1311 37 In the 0 04	0.00	20 HEDERTAVER	h-any		
		FILED 15 May 6 Sla	NILOS	ZU. UNDERTAKER	7.0	AUDRESS	

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## Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of "Tumor". for malignant neoplasma); Measles, Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions. such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing thom. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, crysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetantus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.